



PEACH VALLEY

U Save It Pharmacy - Peach Valley

2310 Chesnee Hwy,

Spartanburg, SC 29303

P: 864-577-0087 F:864-577-0599

Patient Name: _____ DOB: _____ Date: _____

Address: _____ Tele: _____

City: _____ State: _____ Zip: _____

COMPOUNDED MEDICATION	STRENGTH	DISPENSE	DIRECTIONS	REFILLS
Naltrexone HCl Capsules (Low Dose Naltrexone)	<input type="checkbox"/> 1.5mg	<input type="checkbox"/> #90 caps (6 weeks supply)	1 cap PO QHS x14 days, then 2 caps QHS x 14 days, then 3 caps QHS Then switch to 4.5mg capsule prescription.	
Naltrexone HCl Capsules (Low Dose Naltrexone)	<input type="checkbox"/> 4.5 mg	<input type="checkbox"/> #30 caps <input type="checkbox"/> #60 caps <input type="checkbox"/> #90 caps	<input type="checkbox"/> 1 cap PO QHS. <input type="checkbox"/> 1 cap PO QAM.	
Naltrexone HCl Capsules (Low Dose Naltrexone)	<input type="checkbox"/> _____mg	<input type="checkbox"/> #30 caps <input type="checkbox"/> #60 caps <input type="checkbox"/> #90 caps	<input type="checkbox"/> 1 cap PO QHS. <input type="checkbox"/> 1 cap PO QAM.	
Phentermine/Naltrexone	<input type="checkbox"/> 37.5/1.5mg <input type="checkbox"/> 37.5/4.5mg <input type="checkbox"/> _____mg	<input type="checkbox"/> #30 RDTs <input type="checkbox"/> #60 RDTs <input type="checkbox"/> #90 RDTs	<input type="checkbox"/> D1 tab PO QHS. <input type="checkbox"/> D1 tab PO QAM	
Naltrexone HCL Oral Suspension	<input type="checkbox"/> 0.5mg/ml <input type="checkbox"/> 5mg/ml <input type="checkbox"/> 10mg/ml <input type="checkbox"/> ____mg/ml	<input type="checkbox"/> _____ML	<input type="checkbox"/> Take ____ml PO QHS. <input type="checkbox"/> Take ____ml PO QAM	

Doctor Name (Printed): _____ DEA: _____ Phone: _____

Dispense as Written

Substitution Permitted